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ABSTRACT

Four hundred seventy-two residential facilities across the U.S., serving mentally ill, alcoholics, and other disability groups, reported their experience with community opposition. Residential programs for offenders encountered opposition more frequently. However, for all types of facilities, attempts to occupy sites in residential neighborhoods, as opposed to commercial zones, more often encountered hostility. Results focused on the incidence and sources of opposition and reviewed strategies deployed to meet community opposition. (SBH)

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COMMUNITY RESPONSE TO RESIDENTIAL SERVICES FOR THE PSYCHO-SOCIALLY DISABLED: PRELIMINARY RESULTS OF A NATIONAL SURVEY

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by

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Presented at the First Annual Conference of the International Association of Psycho-Social Rehabilitation Services,

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Abstract

Four hundred seventy-two residential facilities across the U.S., serving a wide spectrum of disability groups, reported on their experience with community opposition. Residential programs for offenders encountered opposition more frequently. However, for all types of facilities, attempts to occupy sites in residential neighborhoods, as opposed to commercial zones, more often encountered hostility. The results presented describe the incidence and sources of opposition and review strategies deployed to meet community opposition. This research effort was supported by the Commonwealth of Pennsylvania through the Department of Public Welfare.

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Opposition to Residential Programs: A Continuing Dilemma

During the past ten years, residential programs for the mentally ill, alcoholics and other disability groups, termed the "halfway house movement" by Raush and Raush (1968), have become well established features in the psycho-social rehabilitation arena. Thousands of community-based residential facilities now serve to not only bridge the institution with the community but also provide an alternative of first resort to more restrictive forms of treatment and rehabilitation. However, the opening of each community-based program is a challenge to the service provider since an effective facility must establish, within a natural community setting, a temporary home for clients who, in many cases, were rejected by the community for their actual or implied deviancy. In 1974, when Horizon House Institute formulated a national survey of community-based residential facilities[a], we began by considering this central dilemma of community-based treatment. The pri-

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[a]Preliminary results presented in this paper are drawn from the HHI National Survey of Community-Based Residential Facilities, a research project supported by the Commonwealth of Pennsylvania, Department of Public Welfare. A forthcoming report presents findings on community/facility relations and provides a review of staffing patterns, costs and services which characterize residential programs. While several persons have made invaluable contributions to the research effort, two individuals who assisted in the analysis of community opposition should be acknowledged here. Daniel O'Brien, DSW, whose dissertation at the School of Social Work, University of Pennsylvania was also based on these data, formulated many of the hypotheses concerning community opposition which became central themes in our study. Jane Pittinger, of HHI, executed much of the data processing and assisted in the often thorny problems of scale construction and statistical analysis.

mary concern was to record and review the relationship of the host community to the residential program, focusing on expressions of community hostility and the efforts of residential facilities to overcome community opposition. While not all facilities have had to deal with irate neighbors, suspicious officials and recalcitrant zoning boards--a large number of facilities have experienced these problems. Further, many respondents reported that a number of facilities were abandoned or never progressed beyond the planning stage because of community opposition.

Community Opposition Makes News

Many of the participants at this conference (IAPSRS, November, 1975) could recall or are experiencing the dilemma of offering services in a community hostile to the intent of their programs and fearful of their clients. Let me mention a typical case: One autumn, Maude Booth rented a house in the Washington Heights section of Manhattan to establish a temporary shelter for ex-offenders. She encountered stiff opposition. To combat the negative reaction to this new halfway house, named Hope Hall, she employed a strategy for dealing with community opposition which was to become quite popular. She solicited the aid of a powerful public ally, Theodore Roosevelt. That was the autumn of 1896.

Though community opposition to residential programs has a long history, the final chapters have not been written. A few recent newspaper headlines may serve as illustrations:

TIOGA BOARD PROTESTS OSWEGO HALFWAY HOUSE, Binghampton N.Y. Sun Bulletin, November 27, 1973.

CHERRYLAND RESIDENTS DEFEAT HALFWAY HOUSE, Hayward, Calif., The Review, November 15, 1973.

HALFWAY UPROAR, San Francisco, The Chronical, November 8, 1973.

HOSTILITY TOWARD "HALFWAY" HOUSE FLARES INTO OPEN, Newburg, N.Y., Evening News, October 25, 1973.

PLANNED HOME FOR JUVENILES STIRS PROTEST, St. Paul, Minn., The Dispatch, October 20, 1973.

HALFWAY HOMES FACE OPPOSITION, Jenkintown, Pa., The Globe, September 19, 1974.

STATE ACTS TO END NEGLECT IN MENTAL HALFWAY HOMES, New York, New York Times, August 14, 1974.

While the establishment of community-based facilities is often seriously impeded by the active opposition of surrounding neighbors, there is a dearth of quantitative studies which address the specifics of such opposition. In particular, relatively little is known about the sources of community opposition. Does opposition originate only from immediate neighbors, or are local businessmen or municipal officials often opposed to such programs? From the perspective of the service provider, how significant is opposition in terms of its potential impact on a particular program? Is community opposition easily overcome or does it often lead to serious threats to the viability of the residential facility? Lastly, what are

the strategies and tactics typically employed by service providers in meeting community opposition and how effective are these strategies?

Assessment of Community Opposition

Though numerous surveys and case histories of halfway houses have been conducted, community opposition, while not entirely ignored, has received limited attention. Yet, several previous efforts did record the incidence of community opposition. Raush and Raush, The Halfway House Movement, 1968, found that 41% of halfway houses they surveyed which served the mentally disabled experienced "some kind of trouble in relation to the community at the beginning of the project." In a later study by Glasscote and others, (1971), 45% of all facilities selected for in-depth study were found to have encountered initial opposition.

These findings are basically substantiated in the reports of HHI respondents in that over one-third of the facilities reported initial opposition. However, the incidence of opposition toward the initiation of residential programs for offenders appeared to be greater. Coates and Miller (1973) reported that all six of the offender facilities they studied experienced some initial opposition. This finding offers a clue for the analysis of community opposition which translates into the following question: Does community response depend upon the type of clients that are served by the facility or are all

client groups subject to the same potential for community opposition?

In setting the background for the test for differential opposition, let me first review briefly the initial community experiences of our 472 respondents. Thirty-four percent of all the facilities reported initial community opposition and of these facilities about 75% reported that the opposition was moderate or strong. Several categories for sources of opposition were provided recognizing that communities are made up of distinct interest groups and sub-parts which may differently react to the introduction of a residential facility. For most cases, the source of opposition was individual neighbors. In some cases, municipal officials and community associations actively opposed the introduction of the facility.

Table 1. Community Opposition Prior to the Initiation of Residential Program: Incidence, Strength and Source.

Community Opposition Items	N	Adjusted Relative Frequency
Community Opposition		
No	286	65.9
Yes	148	34.1
Not reported	38	
Strength of Opposition (For facilities reporting opposition)		
Strong	46	31.1
Moderate	63	42.6
Weak	39	26.4
Primary Source of Opposition (For facilities reporting opposition)		
Individual neighbors	73	72.3
Civic or community association	5	5.0
Local businessmen	1	1.0
Municipality officials	14	13.9
Community at large	8	7.9
Not reported	47	

Yet, the reporting of opposition on the part of currently operating facilities may provide only a partial picture of community hostility. Any survey of existing programs suffers from a "success" bias, in that only facilities which are functioning at the time of the survey are able to respond. In addressing this potentially large bias and to improve the measurement of the overall impact of community opposition, facilities were asked to report incidents of community opposition that had resulted in the abandonment of other programs. The 428 facilities which responded to this item reported, on the average, that they knew of one other facility or proposed facility which had been abandoned due to community pressures.[b] Thus, it is probable that for every program that is established and continues to operate, another has been prohibited or closed because of community opposition.

However, the impact of community opposition is not limited to such dramatic outcomes. Opposition may induce lengthy (and costly) delays in opening a facility. Although many facilities which had not reported opposition experienced substantial delays in beginning operations, those experiencing the longest delays were most often the facilities which had encountered opposition.

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[b]To substantiate these reports and distinguish among duplicate reports, we asked respondents to identify by name the facilities which had been terminated. This yielded 118 distinct, identified abandonments.

Table 2. Proportion of Facilities with Lengthy Delays in Opening by Strength of Prior Opposition (in percent).

	Strength of Prior Opposition		
	None	Low	Moderate and Strong
Percent reporting delays of 8 months or longer	39.8	55.9	58.1
N	(246)	(34)	(93)

Chi-square = 10.585 (2df), p <.01

Start-up delays have several implications for the residential facility. Even when delays do not result in abandonment of planned facilities, services to clients are postponed, additional costs may be incurred, and alternate sites may be considered.

Often, community opposition toward residential programs is made manifest through restrictive zoning. (Aviram and Segal, 1973). Even when no direct "intent" to thwart residential programs is present, normal application of zoning regulations can pose serious barriers. Seventy-seven facilities reported some "difficulties" with zoning regulations and over one-quarter of the facilities (131) reported the necessity to obtain a "zoning variance." In thirteen cases the application for a "variance" was not granted and another site was selected.

Community opposition may also exact a monetary penalty from the facility. Legal battles, extensive public relations efforts and other activities associated with meeting public hostility can tax the resources of a residential program. In eight cases, costs in excess of $5,000 per facility were attributed to problems of community opposition. In one case, the estimated cost of such opposition was $40,000.

Factors Related to Opposition

In considering factors which may be related to opposition two basic sets of questions were examined: Are specific client groups more likely to stimulate opposition or is opposition re-

lated to the type of community selected for the facility?

In addressing these questions, two main independent variables were examined for their relationship to opposition scores. It was hypothesized that clients who had violated or threatened to violate basic community norms would be received less favorably by the community. Thus, the first variable was the type of disability group served by the facility, dividing the client populations into "offender" and "non-offender" categories.

Alternately, since residential programs, regardless of clientele, imply a distinctly different household structure and land use from the usual family home, facilities in residential zones, regardless of type of client, were hypothesized to experience greater opposition than facilities in non-residential zones. This second hypothesis follows Raush and Raush who suggested that commercial zones may not contain as many community gatekeepers, e.g., civic associations or informal neighborhood groups, which are interested in maintaining the stability and integrity of the local environment.

The dependent variable measuring community opposition was the facility's own report on experiences with opposition (scored 0,1,2,3, the higher the score, the greater the community hostility). In testing the first hypothesis, that client group is related to opposition, it was found that substantially greater opposition was directed against facilities serving adult offenders or delinquent and dependent children.

Facilities for the mentally disabled or substance abusers encountered less initial opposition. Thus programs for offenders must more often contend with community opposition.

Table 3. Prior Opposition By Type of Disability Group

	Disability Group Type				
	Mental Disability	Substance Abuse	Delinquent and Dependent Children	Adult Legal Offenders	Mixed
Mean Opposition Scores	.481 (77)	.571 (156)	1.074 (68)	.939 (49)	.614 (57)

F = 4.32
p <.01

Although the first hypothesis is confirmed by the greater opposition experienced by facilities serving offenders, the second hypothesis was also confirmed suggesting that community opposition is a complex phenomenon with multiple correlates. As Table 4 below indicates, facilities located in residential zones received significantly more opposition.

Table 4. Prior Opposition By Type of Locale

Opposition	Facilities in Residential Locations	Facilities in Commercial Locations
Mean Opposition Score	.779	.561
N	(181)	(164)
T = 1.92 p <.05		

To test for the independent effect of client group, locale is held constant in Table 5 below. Opposition scores remained greater for offender facilities in both types of locale, but opposition for both offender and non-offender facilities was substantially lower in commercial areas.

Table 5. Prior Opposition by Disability Group, Controlling For Locale

	Facilities Located in Residential Areas		Facilities Located in Commercial Areas	
	Serving Mentally Ill or Substance Abusers	Serving Adult Offenders or Juveniles	Serving Mentally Ill or Substance Abusers	Serving Adult Offenders or Juveniles
Mean Opposition Score	.620	1.197	.419	.957
N	(131)	(50)	(112)	(52)
	T = 2.77 p <.005		T = 3.06 p <.005	

Accounting For Opposition

As Table 5 demonstrates that both client type and locale are related to the incidence of opposition, yet these findings do not "explain" opposition, they only suggest when it is more likely to be encountered. In a further elaboration of the data, it was found that several factors associated with particular client groups expand our understanding of community reactions.

Most importantly, when the activities of clients in the community are considered (the questionnaire asked respondents to report the frequency of several client activities) it was found that clients of facilities serving dependent and delinquent juveniles--the facilities receiving the greatest opposition--were the most active in the community. A scale of client activity composed of four types of community participation, shopping, church attendance, etc., showed that facilities differed greatly in the extent to which their clients utilized community resources and thus interacted with other residents. For example, the scale score for facilities serving substance abusers was 67% lower than the score for facilities serving juveniles. Additionally, the relatively higher score for juvenile facilities is due, in part, to their use of neighborhood schools--perhaps a very threatening situation viewed from the perspective of a neighboring parent. To the extent that these clients represent aliens, perhaps differing in ethnicity or social status, who will interact intimately

with local children, these facilities may face many of the same intransigent problems as those encountered in efforts at racial integration.

Added to the list of factors related to opposition is the type of auspices operating the facility. Programs under the aegis of governmental units (federal, state or local auspices) receive more opposition than privately sponsored facilities. Two findings help explicate this assessment. First, government sponsored facilities are more likely to serve offenders. Yet, when controlling for client type, facilities operated by private agencies were still found to report less opposition. Second, government sponsored programs are much less likely to include representatives of the community on advisory or governing boards. Since neighborhood participation was found to be related to less opposition, the apparent reluctance of government agencies to actively involve the community may contribute to community suspicion or fear.

Strategies for Meeting Community Opposition

This last finding, that governmental agencies are less likely to involve neighbors in decision-making on a continuing basis through participation on boards serves as an introduction to a significant problem for residential programs: How does a residential program meet and deal with community opposition?

Since community opposition may pose a severe threat to the establishment and continued operation of a residential

program, the HHI survey included several items which focused on efforts to deal with community opposition. Two sets of questions were employed, (1) strategies used in meeting initial opposition at the opening of the program, and (2) strategies currently employed to deal with opposition. Only facilities which had experienced opposition were asked to relate their strategies. Of the 148 facilities which had encountered initial negative reactions, less than 10% responded that they had ignored the opposition. The most common strategy employed in dealing with opposition was to schedule meetings with opponents (62%). The next most popular strategy was to hold an open house. Media informational campaigns and involvement of community representatives in the facilities' operations were also widely used strategies.

Table 6. Strategies for Dealing with Prior and Current Opposition.[1]

(In percent)

Strategies	Prior Opposition (N=148)	Current Opposition (N=48)
Ignored Opposition	9.5	12.2
Maintain a "Low Profile"	33.3	57.1
Official Intervention	24.5	14.3
Mass Media Information Campaign	39.4	36.7
Community "Open House"	52.4	55.1
Personal Meeting with Opposition	61.9	63.1
Involve Community in Facility's Operations	34.7	46.2
Other	16.3	--

[1]Only facilities reporting experience with community opposition were polled on these items.

Interestingly, many facilities chose to use more than one type of approach in dealing with community opposition. Overall, for more than 60% of the facilities encountering initial opposition, multiple strategies were selected. Thus, when community opposition occurred, facilities were likely to make some active response to the opposition and these active responses were most likely to involve several distinct types of activities, most often public meetings and utilization of the mass media. These were the strategies employed. The question remains, how were they?

All respondents were asked to rate the effectiveness of

various strategies employed to deal with community opposition. The strategy rated least effective was the low profile approach which involved no prior neighborhood education or preparation. The most effective strategy reported by the respondents was to inform neighbors about the program through a systematic community education effort. The next most highly rated strategy was to involve neighbors actively in the planning and development of the program.

Yet, our preliminary analysis of the preference for the open or "public" high profile approach disclosed that facilities which had actually experienced opposition did not significantly differ in their ratings of the effectiveness of strategies from facilities which had reported no experience with opposition. If we take this unanimity of opinion at face value, we must conclude that the public strategies are rated as more effective. However, it is also possible that there is some underlying general norm which favors an open and democratic approach to the establishment of facilities based on the belief that an informed public will agree with the need for residential services. This would help explain the relatively minimal use of low profile approaches in the first place.

Importantly, our ability to take full measure of differential strategy effectiveness is constrained by the lack of data on the strategies, if any, employed by the facilities which were abandoned.

Summary

In conclusion, many existing community-based residential facilities have experienced opposition, and a large number of programs have been abandoned as a result of community hostility. Facilities serving adult offenders or delinquent and dependent juveniles are more likely to encounter opposition, possibly due to the greater penetration of the host community these facilities imply. Further, residential, as opposed to commercial, locales are less receptive to residential programs. While many facilities encounter no outright opposition, prohibitive zoning regulations and building codes can result in abandonment of plans, and lengthy and costly delays.

Provider agencies usually respond to opposition through public or high profile strategies which include "open houses," media campaigns and involvement of neighborhood representatives. These are not only the preferred strategies, but they are also rated as more effective.

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